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Credit Card Payment Form

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RB

Credit Card Information

Credit Card Type:	Visa	MasterCard	<u>American Express</u>	Discover
Credit Card Account #:	3713 87127174003			
Credit Card Expiration Date:	10/05			
Name as it Appears on Credit Card:	Dank C. Schuratz			
Payment Amount: \$(US Dollars):	\$ 55.5			
Signature:	<i>Dank C. Schuratz</i>		Date:	5/5/2003
<small>Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.</small>				
<small>Service Charge: There is a 50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)).</small>				

Credit Card Billing Address

Street Address 1:	55 Flagg Rd		
Street Address 2:			
City:	Southboro		
State:	MA	Zip/Postal Code:	01772
Country:	USA		
Daytime Phone #:	508 481 9550	Fax #:	508 460 9277

Request and Payment Information

Description of Request and Payment Information:			
Response to OA # 1mo - fee \$ 55.5 monthly			
Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/735,375 Patent No. — Attorney Docket No. DLS-TWO5100 STICKEYS	Application No. Patent No. 	Serial No. Registration No. Identify or Describe Mark 	IDON Customer No. MAY 06 2003 GROUP 170

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